mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(83) 10249
County Montgomery	Registration Dist. No. 214
Village or City TAKOMAPAYK Wd.	No. WAS hing tou SAN And strospital ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	*/
2. FULL NAME Mr dohn William A	uderson
(a) Residence: No. Grace Church Kd (Usual place of abode)	St., Ward. Silver Springs, Md. If nonresident kive city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MRIE White Single, MARRIED, WIDOWED. OR DIVORCED (write the word) Single	21. DATE OF DEATH October (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. , I HEREBY CERTIFY. That I attended decaased from
(or) AITE OF	Sept 25 1933 to Oct 1 1933
6. DATE OF BIRTH (month, day, and year)	Hast saw his was alive on Sapt 30 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5
61 10 & ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, TAYMEY SAWYER, BOOKKEPPER, etc.	Le Port - Parent
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and	7777
SAW MILL, BANK, etc.	
10. Dato deceased last worked at this occupation (month and yaar) - 3 - 2 - 1 - 1 - 1 - 2 - 3 - 3 - 0 - 3 - 0	
12. BIRTHPLACE (city or town) Montgomery City (State or country) WARY LAND	Other Contributory Causes of Importance:
	Mantin
E	June
(State or country)	What test confirmed diagnosis? Wass + + + Was there an authorse?
Is MAIDEN NAME Elizabeth Crawford.	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Klip Abeth Crawford. 16. BIRTHPLACE (city or town) Would over y City (State or country) Warry and	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Migs hillie Huderson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMANTUM, ON REMISTRAL	Manner of injury
Place Leacher Jolling Date 2 4 1, 1923	Nature of injury
19. UNDERTAKER Warney & Promphaly (Address) Rackey War M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Och 3 , 1933 J-8. Quality Registrar.	(Signed) Chap H. Hotolom M. D. (Address) Jahma ark Ma
If more blanks are needed address State Remistrar	(Audiess) Charles Carest Baltimore Promote 71 C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1
daustones	May 1,1920	r ()	1 year

state

OCCUPA-

romene Court	Registration Dist. No. 223
Ana Park	No. Washington Santorusing Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of particularly give her visit in instead of street and framely death occurred in a hospital of particularly give her visit in instead of street and framely death occurred in a hospital of particularly give her visit in instead of street and framely death occurred in a hospital of particularly give her visit in the particular give h
Belly Benson	na
3 M.S.H.M.W., (Usual place of abode)	St., Ward. Wershington D. C. Il nonresident site city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
December 1898 The Days If LESS than 1 day, hrs.	1 HEREBY CERTIFY. That I attended deceased from September 17, 1933, to Orlow 14, 1933. I last sawh & alive on Orlow 14, 1933; death is said to have occurred on the date stated above, at 1:25 pm.
O 3 Or MER, PARTA SEARCH	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows: Date of onset
, at home	Renal Tuberculoris 1931
11. Total time (years) spent in this 5 yrs occupation . 5 yrs	Other Contributory Causes of importance:
u La Marr	
Indiana	Name of operation Dete of
Law Records	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
. O Dete Oct 16,1933	Manner of injury Nature of Injury
ST WW BC.	24. Was disease or injury in any way related to occupation of deceased?
HoRogers. Registrar.	(Signed) Committee M. D. (Address) Washington Sami Carrie & The
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Tolonus Park ne

V. S. No. 1

ż

(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street can 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

orly supplied. AGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County

	2. FULL NAM	101.	still	e best	2-10-17	, ,
	(a) Nesidelic	e. No.	(Usual place of	of abode)	St., Ward. If nonresident give city or town and St	ite
	PERSON	AL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX If merried, widowe	4. COLOR OR RACE		RIED, WIDOWED,) (write tha word)	21. DATE OF DEATH Colotter 21, 1 (Month) (Oay)	93 3 (Year
	HUSBANO of (or) WIFE of	V			22. I HEREBY CERTIFY, That I attended de	
6.	DATE OF BIRTH (month, day, and year)	Pet. 21	1-1933	I last saw h aliva on	
7.	AGE Yaer	S Months	Oays	If LESS than 1 day,Qhrs. orQmin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	ate of o
CCUPATION	kind of wo SAWYER, 9. Industry or b work was SAW MILL	sion, or particular ork dona, as SPINNER, BOOKKEEPER, etc usiness in which dona, es SILK MILL, L, BANK, etc	1		Still birth	
0		etion (month and y or town)		t in this pation	Othar Coutributory Causes of importance:	
ER	13. NAME	Lu- man	Leuren	a Bocton		
FATH	14. BIRTHPLACE		nglau	2	Nama of operation Data of What tast confirmed diegnosis? Was there an auto	
MOTHER	15. MAIDEN NAM	(city or town)	John	en.	23. If daeth wes due to external causas (VIOLENCE) fill in also the following: Accidant, suicida, or homicide? Deta of injury	
	INFORMANT	Ruth 2.	Jolenso	u	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, GREMATI	on, or removal	Soite Oct	22,1933	Manner of injury	
19.	UNOERTAKER	Warne K	E. Cus	mahrly	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILEO Oct 2	2/	C. Peir	y. M. D. Registrar.	(Signed) D. U. U. Dunn (Address) Dethera	,]

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. 2/6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED OR DIVORCED .. (Day). I HEREBY CERTIFY, That I at Goded the deceased from 851 that I last saw he (Day) (Year) and that death occurred on the date stated above, Ilf LESS than 7 AGE The CAUSE OF DEATH I day hrs. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE *State the Discase Causing Death, or, in OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residonts) 0 1. 13 BIRTHPLACE In the At place OF MOTHER State.....yrs.....mos.... of deathyrs.........ds, (4) (State or Country) Where was disease contracted, 0 it not at place of dea.h?.... houl MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST Of Former or CIANS sho usual res.dence AH If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto. / Lequesting V. S. No. 1.

RESERV

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., warner, loborer, lo sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Civil engineer, Stationory firemon, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foremon, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day (b) Automobile factory. The material Stationory fremon, etc. But in many For persons who have no occupation Loborer-Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

Examples: Accidental drowning; Struck by railway train-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic affection etc. The contributory valvular heart need not be diseose;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

S than min.

should state of OCCUPA-PHYSICIANS A PERMANENT RECORD. Every Exact statement properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully TION is very important. -WRITE PLAINLY.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE	OF DEATH			
County_	houlgo	ues	м	
Village or	BAL	1.d		
Length of re	esidence in city or town whe	-	ccurred	yrs
2. FULL N	AME Willia	u	M. K	Irval
(a) Reside	ence: No. 7/35	an	lugt	in anc
			(Usual place o	f abode)
PERSO	NAL AND STATIS	TICAL	L PARTIC	CULARS
3. SEX	4. COLOR OR RACE			IED, WIDOWED
male	White		Mari	
5a. tf married, wide HUSBAND ol	wed, or divorcad	,		0
(or) WIFE of	Wellie B	Be	vadh	wet.
	1	1 0	4.0	.01
	(month, day, and year)	me	128.	186
7. AGE		0	Days	If LESS that
	72 2		15	ormin.
8. Trade, prof	fession, or particular work done, as SPtNNER, R, BOOKKEEPER, etc	Rete	-06	netinel
	R, BOOKKEEPER, etc			
Work w	vas dona, as SILK MILL, IILL, BANK, etc			
U 10, Data decea	ased last worked at		11. Natal tin	ne (years)
year) _	cupation (month and		spent	t in this pation
12 DIDTUDI ACE	olitus ar taum)			
12. BIRTHPLACE (State or co		06	o Me	rules
₩ 13, NAME	a, h		hur	14
E	1	* acqu	nun	
(State	CE (city or town)	,l	-	
15. MAIDEN N	AME & O (6	1	P.	1
T	arja		nu	wan
	CE (city or town)	7 4 4 1	0	0
7	1 Com	5 11	5	1
17. INFORMANT		N. A.	wad	nust
(Address) 18. BURIAL, CREMA	ATION, OR REMOVAL	ne		
. 0	remensal	en/Da	eletat	en 16, 193
	N 16 5	, , , ,		
19. UNDERTAKER _	11. D. gevu	w)	9-6-	
(Address)	Washingto) 10 /	Da.	0. 0
20. FILED CLC	14,1933 13	200	Perry	1, m. d.

	stration Dist. No. 6
No. 7/35 arlue	Tan avest. Ward
death occurred in a hospital or institution, give	its NAME instead of street and number)
How long in U.S. i1 o1 loreign	birth?ds.
west	
St., Ward.	
	onresident give city or town and State
MEDICAL CERTIF	ICATE OF DEATH
21. DATE OF DEATH	
October) (Day) (Year)
(, (bay) (real)
22. HEREBY CER	RTIFY, That I attended deceased from
19 3	to
I last saw h_Am_ alive on sal	. 19 33; death is said
to have occurred on tha date stated above, a	
The PRINCIPAL CAUSE OF DEATH and rel	- /
Gentle de	latation Data of onset
1 D heart	
N N	
Other Coutributery Causes of importance:	
other country charts of importance.	
	•
Name ol oparation	Data
	Was there an autopsy? No.
23. If death was due to external causes (VIOL	
Accident, suicide, or homicide?	Date of Injury
Where did injury occur?(Speci	fy city or town, county and State)
Specify whather Injury occurred in INDUST	RY, in HOME, or in PUBLIC PLACE.
Manner ol injury	
Nature of injury	
24. Was disease or injury in any way related	to occupation of deceased?
If so, specily	
191	/0

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

On Buy Perry L

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example 11	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MENTAL PROPERTY OF THE PROPERT	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

THE CHARLES A PLANT	
6	

BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

(State or country)

16. BIRTHPLACE (city or town) (Stata or country)

18. BURIAL, CREMATION, OR REMOVA

15. MAIDEN NAME

19. UNDERTAKER

may that in plain carefully important. OF DEATH pe pluods CAUSE LION

MOTHER

Registration Dist. No. 217 Village or City_ No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? ______yrs. ____mos. ____ds. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1 day.____hrs or ... min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total tima (years) 10. Date deceased last worked at this occupation (month and spent in this occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town).

MEDICAL CERTIFICATE OF DEATH (Day) ERTIFY, That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide?______ Date of injury______ 19_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

(Specify city or town, county and State)

(Year)

Date of onset

If more blanks are needed, addf as State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur?__

Manner of injury

Nature of injury.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of do of importance were as for	eath and related causes bllows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100000000000000000000000000000000000000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	0.2935	July 5,1927	Peritonitis	3 days ago
	6.			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 10520
1. PLACE OF DEATH	(<u>A</u>)
County Montcomes	Registration Dist. No. $2/4$
Village Dr City	ND. 73.5 I have Greene St., Ward death occurred in a hospital or institution give its NAME instead of sweet and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Infant 13mm	el
(a) Residence: No. 735 Thanks Carena	St., Ward.
(a) Residence: No. 35 (Usual prace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	21/ DATE OF DEATH OCTOBER 17 (Pay) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. JHEREBY CERTIFY, That I attended deceased from
(or) WIFE of	on October 17, 1933, to 19
6. DATE OF BIRTH (month, day, and year) October 17, 1933	Llast sam h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Stellown I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8 Trade profession or particular	Stillborn WX 12:12 a. m Date of one of
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	000
work was done, as SILK MILL, SAW MILL, BANK, etc.	Progable Cause: Premeture
ID. Date deceased last worked at this occupation (month and year) occupation	Alparation of Phallute.
12. BIRTHPLACE (city or town) Silver Spring (State or country)	Other Coutributory Causes of Importance:
II 13. NAME CONTRACTOR	
13. NAME Carroll Culbry Bych 14. BIRTHPLACE (city or town) Mont garmeny Corant	Name of operation Date of
(State or country)	What test confirmed diagnosis?
IS. MAIDEN NAME SILET	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - March Charles	Accident, suicide, or homicide? Date of Injury19
(State or country)	Who are also believe and a
17. INFORMANT Carrolf a Brusel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Beallenlle my Date Oct, 17, 1933	Nature of injury
19. UNDERTAKER Warnes & Gumphrey	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Selver spring 1	If so, specify
20. FILED Och 17, 1933 J. E. Wudley Registrar.	(Signed) A. T. H. M. D. M. D. (Address) 978 Lligo and Alarchymae
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.
	Orill

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	17 000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOV 8 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITIONAL	DI ZIULI	TOTE	T. OILLITIME	DITERTRICATION	AP A	T TT T DIOTOTAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT H mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACTLY.		LI	LY.		
B. No. 1 B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM mation should be carefully supplied. AGE should be stated EX. CAUSE OF DEATH in plain terms, so that it may be properly classifications.	DING	ANE	ACT	ssified	
B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A P mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly in the case of the cas	BINI	ERM	EX	y class	te.
B.—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be provided it may be carefully supplied.	FOR	IS A P	stated	properl	certifica
S. No. 1 B.—WRITE PLAINLY, WITH UNFADING INK—T mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may make the state of t	ED	HIS	þe	pe	Jo
B.—WRITE PLAINLY, WITH UNFADING INI mation should be carefully supplied. AGE sl CAUSE OF DEATH in plain terms, so that it	RVI	K-T	pluod	may	back
BWRITE PLAINLY, WITH UNFADING mation should be carefully supplied. AGCAUSE OF DEATH in plain terms, so the	ESI	Z	E	at it	s on
B.—WRITE PLAINLY, WITH UNFAD mation should be carefully supplied. CAUSE OF DEATH in plain terms, so interests.	2	ING	AG	o th	tions
BWRITE PLAINLY, WITH UNI mation should be carefully suppli CAUSE OF DEATH in plain tern	GIN	JAD	ed.	ls, S	truc
BWRITE PLAINLY, WITH mation should be carefully su CAUSE OF DEATH in plain	AR	UNE	ilqqu	tern	ins
B.—WRITE PLAINLY, WI mation should be carefull CAUSE OF DEATH in p	N	H	ly SI	lain	See
BWRITE PLAINLY, mation should be car CAUSE OF DEATH		WI	eful	in p	ant.
S. No. 1 B.—WRITE PLAIN mation should be CAUSE OF DEA		LY,	car	TH	port
S. No. 1 B.—WRITE PL. mation should CAUSE OF I	•	AIN	l be	EA	imi
S. No. 1 B.—WRITE mation sl CAUSE O		PL	onle	OF I	very
BWR. matic		ITE	ls u	SE (I is
S. No.	-	WR	natio	AU	NOI.
m .	No.	B.—	H	0	J
> ZT	> 00	ż	-	-	1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10957
1. PLACE OF DEATH	93.0
County Mantgomery	Registration Dist. No. 214
Village or City Silish Spring (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death scurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Solfa Million Butte	
(a) Residence: No. Silver Spring (Usal place of above)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 15 (Month) (Day) (Year)
5a. If married, widowed, or divonced HU35AND of (er) WIFE-of ###################################	22. I HEREBY CERTIFY, That I attended decessed from Dec. 21 1932 to Cert 15 1933
6. DATE OF BIRTH (month, day, and year) March 12. 1861	1932 to Q. 15 1933 1 last saw h & alive on Q. 15 1933 ; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at LO: LS m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Selvecel SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Other Coatributory Causes of Importance: Chronic Manuelle Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Suffer La Date Set. 18, 1930	Manner of injury
19. UNDERTAKER Warner & ignifficient. (Address) Librar Spring	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Dev 16, 1933 JE Dudtas 6.	(Signed) Sofre Of od M.D. (Address) 4323 historian ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10258
1. PLACE OF DEATH	[3]
County Montgomery	Registration Dist. No. 211
Village or City nr Browningsvette	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mrs. annie E. Burns	
(a) Residence: No. nr. Browningwille md	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED fourite the word)	21. DATE OF DEATH Och. 27 1933 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James 2. Byrne	22. Opt 7 HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) Set 7. 11. 18 41	I last saw h A alive on Oth 26 , 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et / 13 b · m.
92 / 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular kind of work dona, as SPINNER,	Chronic Interstitus Referritio unduran
SAWYER, BOOKKEEPER, etc.	arterioselerosis. "
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1929 spent in this occupation)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country) Ungerged	
13. NAME James of Janson	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an au'opsyzio
15. MAIDEN NAME Oveline & rye	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida?
17. INFORMANT Mrs Edward L. Burlette (Address) Browning only med	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dethers less Com Disar Bate Och 29, 1933	Nature of injury
19. UNDERTAKER & B. Beall Inc.	24. Was disease or injury In any way related to occupation of deceased? Nov.
20. FILEO Det J. 1933 Della OV. Burdette	(Signed) Leage M. Doyer M. D. (Address) Damas Sus Mg
	1411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAR V. g.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m) 10259
County Monggombry	Registration Dist. No. 214
Village or City Survey Spring -	No. St., Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) s/ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CAIN. POBER	TOSEPH - Junior
(a) Residence: No. 5903 - 57H	St. NW Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dex 25 193 3 (Month) (Day) (Yaar)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacessed from Oct. 25, 1933, to Oct. 25, 1933
6. DATE OF BIRTH (month, day, and year) FAR-16-1932	I last saw h_im_alive on Del 25 , 19.33; death is said
7. AGE Yaars Months Days It LESS than	to have occurred on the data stated above, at. 4.30 P.m.
/ 8 9- 1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked et last daceased last daceased last worked et last daceased last worked et last daceased l	Fracture of stull-basal 10-25-93
M. Industry or business in which work was done, as SILK MILL,	/
SAW MILL, BANK, etc. 10. Date daceased last worked et this occupation (month and year) year) 11. Total time (years) spant in this occupation corupation	
12. BIRTHPLACE (city or town) Maskington D. G.	Other Contributory Causes of importance:
(State or country)	-
14. BIRTHPLACE (city or town) Masking Ion, when	M - 1 1
4. BIRTHPLACE (city or town) // Wanny len , we (Stata or country)	Neme of operation Pont - Date of
	What test confirmed diagnosis? Was there an autopsy?
The little	23. If death was due to externel causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, Date of injury 10-25-, 1933.
O 16. BIRTHPLACE (city or town)	
17. INFORMANT MAY & L. Jucker (Address) 492 D. Feorenden CT D. 10	Whera did injury occur? Thur Country . The Country and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile Tracialist -
Place 20/25, 1933	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way ralated to occupation of dacaased?
20. FILED	(Signed) Lell Mulerill M. D. (Address) Suiser Spring M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE	OF	MADVI	AND—CERTIFICATE OF	DEVIL
SIAIF		IVIAIT	AIVI) CENTILICATE OF	DEALE

10000

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County Montgomery	Registration Dist. No. ¥ 2/6
Village or City Chesy Chase	No. 6315 Fulton St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	28 ds. How long in U.S. if of foreign birth?
2. FULL NAME Caward Wayherry	Cornell
(a) Residence: No. 6315 Fulton	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22 - LHERERY CERTICY THINKS
(a) WITE of I house Nevel Comel	22. HEREBY CERTIFY, That attanded deceased from
6. DATE OF BIRTH (month, day, and year) Age, 16, 1868	I last saw him alive on October 18, 1933; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2.31 Am.
511 9 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SINDUSTRY OF DUSINES In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	tareinous a distinct
Industry or business in which	Switch the transfer of the
work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this !// a.	
year) 1933 spent in this language occupation 18 years	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dibson lity	Wetastatic growth in
(Stata or country)	Liver -
13. NAME Valleum A ming Comell 14. BIRTHPLAGE (city or town) Schere Cyaly	7 4
14. BIRTHPLACE (city or town) Selventectudes	Name of operation Lolastonis Date of the 1932
(State of country)	What test confirmed diagnosis? Microsco Sic Was there an autopsy? Mc.
15. MAIDEN NAME (Lift or town)	23. If deeth was due to external causas (VIOLENCE) fill in elso the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Thrence V Cornell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 6215 Fulton St. Thing Char	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sugar 20072, 7-4 Date 10-17-19-33	Neture of injury
19. UNDERTAKER OB Jankens	24. Was disease or injury In any way related to occupation of deceased? Ylo-
(Address) / 80 9-10 st ev W	If so, specify
20 EUED 10-15-10-73 St - 1944 A. 1. 1. 1.	(Signed) Vi Shermand terres M.D.
20. FILED. L.D S -, 19-33 - Chould Registral	(Address) 200 Shepherd, Chery Mary,

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9.—The industry or business in which the work was done.

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Example 1		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA.
	Jo m	plnoy	220
	ite	Un	of
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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DINC	MANE	ACT	assified
W.	ER	E X	C
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V. S. No. 1	4	1	mark to

1. PLACE OF DEATH	
The F	(67)
County Mans gamery	Registration Dist. No. 216
Village or City acknesself Chery Chase	Mano. 33/- Essep and st., Ward
	At death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Lenge Fitchuah 6	rouden
(a) Residence: No. 1331- VESSEX Cen	C St., Ward,
(Usual place of alvode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED fruite the word)	21. DATE OF DEATH
Male Mule single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OITHEREBY CERTIFY, That I ettended deceased from
(W) WILL UI	- a frewest 19 poly after 19
6. DATE OF BIRTH (month, day, and year) TW. 6 1883	last saw h alive on 12 1 1, 19 ; death is sail
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
50 8 4 1 day,hr	mere as follows.
8. Trade, profession, or perticuler kind of work done, as SPINNER,	Date of one of
9. Industry or business in which work was done, as SILK MILL,)) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
work was done, as SILK MILL, SAW MILL, BANK, etc	y
10. Date deceased last worked et this occupation (month and) 4 9 / 3 3 occupation (2 occupation) occupation)	1
00 000	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country) (Charles for the country)	The state of the s
13. NAME Lenge 7. Crawley	- July of Touring
14. BIRTHPLACE (city or ton)	Name of operation Date of
(State or country) for other land	What test confirmed diegnosis? Was there an autopsy? The
15. MAIDEN NAME Louisa Davant	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Swilish Date of injury Desto, 1933
(State or country) & Gardina	Where did injury occur? Chery Chare mik,
17. INFORMANT Lichard D. Crawley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 33/- Essio and	al al a
Plece Wash D. G. Date O. 8. 12. 19.3.	Manner of injury Storusch
1 1 1 1 1	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AL AST STUMES 60-	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 1) years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Na Colonia de Colonia

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. UNFADING INK-THIS be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	(34)	
County Mank gomesy	Registration Dist. No. 223	
	death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurredyrsmos.	21 ds How long in U.S. if of foreign birth? 19yrsmos	ds.
2. FULL NAME Mr. Wises Francisca Co (a) Residence: No. Chashle tan Hotel (Usual place of abode)	St., Ward. Washing ton De and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Male Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 23 (Nonth) (Pay) (Ye	ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Grace Rutherford Espaillat		33
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the dete stated above, at . 7 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	is sale
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, ETC. SAWYE	Jenetic Cortic Inscifficiency Secomp Segan	9
year) 14.3.3 occupation 3.47.5 12. BIRTHPLACE (city or town) 5.4 % 5.4 %	Other Contributory Causes of importance:	290
(State or country)) om: can Hegublic 13. NAME Wr- Crugusta Esga, lat 14. BIRTHPLACE (city or town)	Name of operation More Dato of	ay
(State or country) Dominican Republic	What test confirmed diagnosis? Chinical a Lab Was there en au'opsy?	-h.
15. MAIDEN NAME Felicia fulia 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Washington Sanitarium Records (Address) Taka ma Park	(Specify city or town, county and State))
18. BURIAL, CREMATION, OR REMOVAL Place Washington Devate Det 23, 1933	Menner of injury	
19. UNDERTAKER Jae: Gawlers Sana (Address) Javanhugtan & Sana 20. FILED October 339 33 St. E. Rogert & Registrar.	24. Wes disease or injury in any way related to occupation of deceased? NO If so, specify (Signed) Taward Toward (Address) 20 Carroll Qive Tahana Ta	M, I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
7 BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)
County montgomeny	Registration Dist. No. 214
Village or City Kenning ton	No. St., Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2.7 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Oun Judson Field	<u> </u>
(a) Residence: No. / / (Usual place of abode)	8t., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Season.	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced .HUSBANO of	(Month) (Oay) (Year)
(0+) WHE ST Egeth Houghterlin	July 12 1933 to Jel 31 1953
6. DATE OF BIRTH (month, dey, end year) Zanu 18 18 68	Mast sew h elive on ock, 3/ 1933: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:301 m.
64 11 13 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
9 Trade profession or particular	Date of onset
kind of work done, es SPINNER, Custodian	Cerebral Hemorrhage 10/26/3
9. Tridustry or business in which work was done, es SILK MILL, Securities	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation fromth and	
this occupation (month and year) spent in this occupation / 6 4	2
occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Chronic preparately unland
	Hyperlindon
14. BIRTHPLACE (city or town) Parallese	Christian sporte paralysis it lig.
4 14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Cleaner Was there an autopsy?
15. MAIDEN NAME Rosy Bortlett Gudson 16. BIRTHPLACE (city or town) Pontice	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Freeze Gallande Field	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Piece to Charlle Union ly Date Mon al , 1933	Nature of Injury
19. UNDERTAKER Dry Prubus Prugling	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Rothville mayland	If so, specify
20. FILEO NOW: 1 19.33 Margaret C. Fremeanne	(Signed) & Marian Barkers M.D.
Registrar.	(Address) Sunsington Find.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10264
1. PLACE OF DEATH	940)
county morta, mo	Registration Dist. No. 2/3
Village or City Rylle	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
mulally the	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary & Jarren	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDQWED,	21. DATE OF DEATH
Emple of Divarced (write the word)	JUF 16 1933
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
and mount	11/11/ 31,1933, to 00/1/6,1933
6. DATE OF BIRTH (month, day, and year)	I last saw h. e. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
/0 6 /0 ormin.	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Angine hietz
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	The following the second second
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and spent in this	
yaar) occupation	Dther Contributary Causes of importance:
12. BIRTHPLACE (city or town)	Differ Camerinatary Causes of Importance.
(Stata or country)	
14. BIRTHPLACE (city or town) md	
4. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Mary and Vulle	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes Frank & Suggins	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OPPREMOVALE	Manner of Injury
Places ones COR College Cet 18, 1933	Nature of injury
19. UNDERTAKER ISTA R Cumphed Ir	24. Was diseasa or Injury In any way related to occupation of deceased?
(Address) Richnele Had !	If so, specify 1
20. FILED Clet. 18, 1933 Mrs. Prace	(Signed) My Ley (M) M, D.
Registrar.	(Address) JANASALLA, MA
76 11 1 11 11 0 7	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state;

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

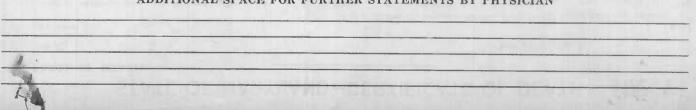
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	· I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		// 6861 D 10N //	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH		STATE OF N	MARYLAND
County montes do = md	3	CERTIFICATE	OF DEATH
		Registration I	Dist. No. 21)
Village or City Brokenthy No.			(16 d)
vinage or city		St.: Ward)	a hospital or institu-
2 FULL NAME Infort of Rober TA	omeloy	***************************************	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE C	F DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	CAL-49 1	
Male Negro WIDOWED. OR DIVORGED (Write the word)	***************************************	007	, 1993
B DATE OF BIRTH		CERTIFY. That I atte	(Year)
Oct 4 1955			ret-7, 1925,
(Month) (Day) (Year)	that I last saw h	unigon Bom	Dean, 192.
7 AGE [If LESS than		red on the date stated	
Still Brue I day hrs.	The CAUSE OF DEAT		1
yrs. mos. ds. or min.?	Tanky	Presentation	- consing
(a) Trade, profession or	Stronge	lotion of co	W-
(b) General nature of industry	00000000000000000000000000000000000000	***************************************	~\$0.0 c==000 ··· · · · · · · · · · · · · · · ·
business, or establishment in	# CO . C C C C C C C C C C C C C C C C C	(Duration)	yrsds.
which employed or (employer)	Contributory		
(State or country) Brokensh und	Secondary	(b)	
10 NAME OF	6	Mi Alla	
FATHER Rohd Homelon	(Signed)	Bn-	die il me
II BIRTHPLACE OF FATHER		(Address)	
(State or country) Near Brokensh	Violent Causes, st	is ase Causing Death, ate (1) Means of Inj or Homicidal.	ury and (2) Whether
12 MAIDEN NAME POR OF MOTHER PARALL			als, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Re	sidents)	
OF MOTHER 1	At place of deathyrs	In the State	yrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contri	rscted, h?	
	Former or	•••	
(Informant) C. M. Fedings	19 PLACE OF BURIA	OR REMOVAL	DATE OF BURIAL
(Address) Frontenie my	210-4	mil	Q.L.7 33
	20 UNDERTAKER	L. I - uci	ADDRESS
Filed Och 9 19433 CS Barneley	Partner	21-16.0	Bruken De
registral	VII WILL	1 WULLDAY!	a molaron

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting N. S. No. 1.

filed under Gelings! late of linte

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetaborer, Farm laborer, Laborer-Coal mine, etc. wounworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (o) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term or without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

MANENT RECORD. Every item of infor-	ACTLY. PHYSICIANS should state	assified. Exact statement of OCCUPA-	
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
ż		(T

SIAIL OF	MARYLAND—	CERTIFICATE OF DEATH	266	
	omery	Registration Dist. No. 223	,	
Village or City Porton Length of residence in city or town where death	ville / ai	No. St., death occurred in a hospital or institution, give its NAME instead of street and uu. ds. How long In U.S. If of foreign birth? yrs. mos	Ward	
2. FULL NAME Willie	Marian Ar	ighes Hospinson.		
	ckville	St. Ward.		
(a) residence. No.	(Usual place of abode)	If nonresident give city or town and S	tate	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female Whitz S.S.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Colorby 25 (Month) (Day)	193_3 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jrvng	os kinis on	22. I HEREBY CERTIFY, That I attended de Cert. 25 19 33 to (Oct. 25	eceased from	
6. DATE OF BIRTH (month, day, end yeer)	1.5. 1886	Hast saw halv aliva on Oct. 25, 1933;		
7. AGE Years Months	Days If LESS than	to have occurred on the dete stated above, at 11:00 7 m.		
47 2	20 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importence were as follows:	Data of ensat	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1	arteriosclerosis	1925	
9 Industry or husiness in which	risewye	Chronic interstitual neghritus	1.916	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	wn Home	arebral Hemorrhage	Oct. 25,193	
	11. Totel tima (years) spent in this	J		
year)	occupation	Other Coutributory Causes of importence:		
12. BIRTHPLACE (city or town) Lands	town CM			
	ntgomery a M	·		
E	Hughes Co			
14. BIRTHPLACE (city or town) // // Q-V	I gomery Co.	Name of operation Date of What tast confirmed diegnosis? Was there an au	m 200	
IS. MAIDEN NAME Darah	Va magrude	23. If death was due to axternal causas (VIOLENCE) fill in also the following:	opsy!/_D	
15. MAIDEN NAME Sarah Va. Magreedy 16. BIRTHPLACE (city or town) Montgomerny Co		Accident, suicide, or homicide? Date of injury	19	
State or country)	[Md]	Where did injury occur?		
17. INFORMANT Julian Horkinson (Addrass) Julian Horkinson		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Placa O Charelle Many D	ate UCY # , 1933	Natura of injury		
19. UNDERTAKER OM: Stuten (Address) Coloully	Timbling .	24. Was disease or injury in any way related to occupation of deceasad? If so, specify	No	
20. FILED 727 , 1933 Mus.	H. J. Prace. Registrar.	(Signed) Esther / Kushn (Address) Porkville, Maryli	m.D.	
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

BIN	
FOR	
RESERVED	
MARGIN	
1	

V. S. No. 1 N. B.

STATE 1. PLACE OF DEATH	OF MARYLAND-	-CERTIFICATE OF DEATH
CountyMontg	Jo	Registration Dist. No. 211
Village or City_Clarksh	ours 80 yrs.	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Clar	- Dutrow Hughes rksburg Md (Usualplace of abode)	St., Ward. If nonresident give city or town and State
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 24(Day) 193 7.3 (Yest) (Yest)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Widowed	7 7 001	22. 1 HEREBY CERTIFY, That I attended deceased from May 8, 1933, to Unit 24, 1932
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years 80 Month	s 28 If LESS than I day,hrs	I last saw had alive on Sept. 35 Am, 1923; deeth is sale to have occurred on the date steted above, at
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	, Home Work	wara es follows: Date of onset
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	11.11	betart 193/
1b. Date dacaasad last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	yland	Other Contributory Causes of importence: Describing and 1933
13. NAME John Dui	trow	*
13. NAME JOHN DUI 14. BIRTHPLACE (city or town) (State or country)		Neme of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	d	23. If daath was due to externel causas (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
IT. INFORMANT S W C	is, Ave N W. Was	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Plece Beallsville	d Oct 26 33	
19. UNDERTAKER BINGST C. (Address) Gai	Gartner thersburg Md	24. Was disease or Injury In any way related to occupation of daceesed? If so, specify
20. FILED Oct 26, 19133	de Cal Registrar.	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

Gallstones

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:

May 1,1923

-	ADDITIONA	L SPACE FOR	FURTHER STA	TEMENTS I	BY PHYSICIAN	
Fa	authory	ation of	change	in b	t marne	ple
P-1- 11	1 0	1 50	A 0		-	
teller of	ion) m	der Be	ck.			
U	y					

Gastroenteritis

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10268
County Moul Jouery	Registration Dist. No. 273
Village or City Mr. Really in P.	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME SEGUEL STUMES	O. A. Me
(a) Residence: No. (Sumy (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED-OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabella	22. I HEREBY CERTIFY, That Lattended deceased from
C DATE OF BIRTH (month down and month)	I last saw h alive on 19 doath is cald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 flats a promes
40 unk lay, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work work was done as SPI k MILL	/lo phippia
O 10. Date deceased last worked at 11. Total time (yeers)	V V
this occupation (month end this occupation 3 a	
12. BIRTHPLACE (city or town) Wisher	Other Contributory Causes of importance:
(State or country)	5/14
13. NAME Conference	of pooure_
13. NAME Les	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LINKINGTON	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lander 16. BIRTHPLACE (city or town) Lander 16. (State or country)	Accident, suicide, or homiente de Date of injury Off 190
(State of Country)	Where did injury occur further (Specify city/or town, county and diate)
17. INFORMANT (Address)	Specify whether injury occurred in INDISTRY In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL C	Manner of injury learly hay hangulatines
Place Tisherman Bate Bol 31, 1933	Neture of Injury / Household Magnetic
19. UNDERTAKER ROJ W Barber	24. Was disease or Injury In any hay related to occupation of deceased?
20. FILED/0 30, 1933 mrs. W.J. Bratt	If so, specify (Signed) 10 Myry ful p M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Francisco	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 1 100 3 1933	July 5, 1927	Perilonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIAMS and stated EXACTLY. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, W

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County VM ont gowery Village or City Taxoma Park Md.	Registration Dist. No. 223 No. Was hing tou Sant Hose pital Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME GRONDE JOHNSON (a) Residence: No. Fourth St (Usual place of abode)	St., Ward. Tine Crest Ho. Virgin If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1 ndiff OR DIVORCED (write the word)	21. DATE OF DEATH October (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	Sept 25 1933, to Oct 4 1933
7. AGE Years Months Oays If LESS than	t tast saw h_LM_alive on_Oct H, 19.3.3; death is said to have occurred on the date stated above, at_O_P_m.
about 55 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Odd Jobs	Corebral Hewerrhage Nest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1933
10. Date deceased last worked at this occupation (mpnth and year) 12. 12. 25. 19. 23 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
© 13. NAME 5	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation. What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MYS H.H. Davis (Address) Pinecres Md.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Statemother 9 Rad Och 6 19 33	Manner of Injury
19. UNDERTAKER Je Gasoli's Sous (Address) Bladeusburg und	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO Oct 5, 1933 %. E Rogers Registrar.	(Signed) M. O. (Address) Jelsoua Park M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10979
1. PLACE OF DEATH	23-50
County Moulgamery	Registration Dist. No. 212
Village or City Olher, md.	chois Morily Co. Received Of St. get Ward death occurred in a hospital or destitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME paclock mag	ruder
(a) Residence: No. Offerond Md (mg) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
0.00	15/ 23/ ,1938,10/0/24/ ,1933
5. DATE OF BIRTH (month, day, and year) Goul 2 - 1872	i last saw h 2 alive on 0 2 4 f 19 3; death is sald
7. AGE Years Months Days if LESS than 1 dey,hrs.	to have occurred on the date stated ébove, et 1520 6 m. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
01 0 0rmin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Cetized Jarum	aculy dillating 1025/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	heart 0 17
10. Date deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Many Pans	Other Contributory Causes of importance:
13. NAME Bradley Magaziela	alline Myorardilis ?
14. BIRTHPLACE (city or town) My manufacual	Neme of operation before for calant Dete of 1 4/23/33
(State or country)	What test confirmed diagnosis? 22 Am Wes there en eutopsy?
15. MAIDEN NAME Dawa Beatty	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Mary land	Accident, suicide, or homicide? Date of injury, 19
m- for many li	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT // S. Danie Maguida. (Address) Proflemed Mag-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place To Clevelle Uning Dete Oct 20 19.33	Menner of injury
9. UNDERTAKER UM. Pruben Punghay (Address) Rofhville - Mol	24. Was disease or injury In any way related to occupation of deceased? If so, specify
0. FILED Oct 25, 1933 Co S 13 unsely Registrar.	(Signed) M. D.
accommunication and a second an	- Lidy /

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 1921 Run over by street car 1 week ago Chronic interstitial nephritis - - EIVE Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: BUREAU May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Somme out moh let Calaret of left cyr.

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	59)
County Moulgoulery	Registration Dist. No. 2/3
Village or City Sawsonvelle	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds,
2. FULL NAME Mary Mason	
(a) Residence: Para Samoulle Ma.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That Lattended deceased from
(or) WIFE of andrew Mason	Cel 2 1933 to Cel 5 1933
6. DATE OF BIRTH (month, day; and year)	Hast saw her alive on Cel 5 , 1933; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 12-4m.
54 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, Jail Cook SAWYER, BOOKKEEPER, etc.	Dealette Comp. 10/2/3
S. Hade, professing, or particular kind of work done, as SPINNER, Jack SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Dearell's Mollins
SAW MILL, BANK, etc. Leweral Housewal	
10. Date deceased last worked at this occupation (month and year) - 6.04 - 3 - 1.7 occupation occupation	
12. BIRTHPLACE (city or town) May land	Other Contributory Causes of Importance:
(State or country)	
13. NAMEROLET Jebous	
14. BIRTHPLACE (city or town) Many land	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Latery Was there an au'opsy? My
15. MAIDEN NAME HARRIOR COALS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Harriot Coalis 16. BIRTHPLACE (city or town) words Co. W.d.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cudew Wason (Address) And Somulle Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL	Manner of injury
Place Sugar Rand Md. Date 10/6, 1933	Nature of injury
19. UNDERTAKER FURTHER GALLES	24. Was disease or injury in any way related to occupation of deceased? 740
20. FILEDOCT, 1983 Whe D. Norme M. O. Registrar.	(Signed) Uslan Dours M.D. (Address) Surroutile Med.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis MO 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	200
County Montagemen	Registration Dist. No. 2//
Village or City Carke	st-worre St. Ward
	(If death occurred it a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. /How long in U.S. if of foreign birth?yrs,mos,ds
2. FULL NAME Close Channey	Maxwell
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIGOWED,	21. DATE OF DEATH
Ma De Miel: to OR DIVORCED (write the word)	16 - 29- 1933
5e. If merried, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of Dinale	22. HEREBY CERTIFY, Thet I attended deceased from
10000	- 10- 1- ,1933, to 10-29-,1931
6. DATE OF BIRTH (month, day, end year)	I lest sew h alive on 10 7, 19-23; deeth is sale
7. AGE Yeers Month's 7 Deys If LESS'then 1 dey,hrs	to have occurred on the date steted ebove, at 3 - p.m.
- 79 30 2 ormln.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER	and the second
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this portwation (month end	129/s
work wes done, es SILK MILL, SAW MILL, BANK, etc.	11 10/29/3
10. Dete deceased last worked et this occupation (month end spentin this	Testor- stende fees 1037
yeer) spent in this occupation (month and spent in this occupation	1730
12. BIRTHPLACE (city or town)	Other Contributery Causes of importance:
(Stete or country)	
13. NAME Wesly Markell	
14. BIRTHPLACE (city or town) May land,	Neme of operation
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Mary & Balan	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Man Ome d	Accident, suicide, or homicide? Dete of injury, 19
E (State or country) May law a.	Where did injury occur?
17. INFORMANT E. W. Maguell	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Census/md.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Triderich Oete /// 193	Nature of injury
19. UNOERTAKER Hilland Price	24. Wes disease or injury in any wey releted to occupetion of deceased?
(Address) Buneville, md	If so, specify
20 FILEO OCK 31 1933 799 112 Karris	(Signed) M. D
20. Pictoria Constitution of Registrar.	(Address) 9 Sellespury; World

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU VIS.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

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No.
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STATE OF	MARYLAND-	CERTIFICATE OF DEATH	0976
1. PLACE OF DEATH		94-2	0410
County Transgam	ery	Registration Dist. No.	14
Village or City Forest 1	len		Ward
		f death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where death		sds. How long in U.S. if of foreign birth?yrsmo:	sds.
2. FULL NAME William	· Sreston 1	ruller	
(a) Residence: No. Twe	A Blen 7	ward.	
DEDGOMMAND COLUMN	(Usual place of abode)	If nonresident give city or town and	itate
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
mule white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ock, 24 (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Etla 4. Dr.	iller	22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (month, day, and year) Sen	£ 6 1859	I last saw h alive on 19	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4.6.3 m.	
74	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	/ ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lettered.	Dronnel deal -	
9. Industry or business in which		Und sechable from	
work was done, as SILK MILL, SAW MILL, BANK, etc.		- I altack of angine Pectoris	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Pa. Zad.	Chronic myocardetes	, /.
13. NAME Javillian -	1- · Ple-	morne physiainis	untura
13. NAME william 1	·	7	
14. BIRTHPLACE (city or town)	72.8	Name of operation	
	in this	What test confirmed diagnosis? Was there an at	topsy?
15. MAIDEN NAME Rebecca	Walters	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	0	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	~Q,	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Jus W. S. M. (Address) Forest Glen	illes	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	0 + 1	Manner of Injury	
Place Cader Traff	Date Oct, 20, 1933	Nature of Injury	
19. UNDERTAKER Harfney Co Lig	mphrey.	24. Was disease or injury In any way related to occupation of deceased?	nd
(Address) Selver S	aring	If so, specify	
00 rues Och 2/ 1033 88	5 100 00.100	(Signed) If fluence Sandaneau	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MEDCELL RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	- MAKTEARD	
County Mongan	mery	Registration Dist. No. 214
Village or City / Whel	netoni	No. 44 DECALON St., Ward
Length of residence in city or town where de		f death occurred in a horpital of institution, give its NAME instead of street and number) s/ ds. How long in U.S. if of foreign birth?
	frie mitil	J. G. How long in C.S. H. of foleign birth:
2. FULL NAME SAME	Dead Ton	
(a) Residence: No. 144	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AND 193 3 (Year)
Sa. If marriad, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	14-12,-33	I last saw h And aliva on Ber 13 , 19.89; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 10 P.m.
	1 day, 21 hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were es follows:
8. Trada, profassion, or particular kind of work done, as SPINNER,	20	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	lung	low closury of Josamon 10-1
work was done, as SILK MILL, SAW MILL, BANK, etc.		Galy
1D. Data deceased last worked at this occupation (month and	11. Total time (yeers)	
year)	spent in this occupation	
12. BIRTHPLACE (city or town) Tuney	reton, med	Other Contributory Causes of importance:
(State or country)		
13. NAME JENKINS,	odney Frent	
13. NAME JAMENS, OF 14. BIRTHPLACE (city or town). Mass	hington Do	Neme of operation
(State of country)		What tast confirmad diagnosis? PSULL CHOY. Was there an autopsy?
15. MAIDEN NAME dela Este	lle reynold	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Lanca	ster fo, Ta	Accident, suicida, or homicide? Data of Injury, 19
(State or country)	1. 0 / 1	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT POS BOARLY (Address) Kinging of the	F. Gratino	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	A co	Manner of injury
Place (edas Hill Hank	De Oct 14, 1933	Nature of Injury
19. UNDERTAKER' Aur	Say Co	24. Was disease or injury in any way related to occupation of deceasad? The
10 545 (Oct 13 . 32 Mar	anot C. Tremeanne	(Signed) Sello, Muterill M.D.
20. FILED. (19.00. 19.00. 19.00.	Registrar.	(Address) Silver Spring, Ma -
If more bi	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10276
1. PLACE OF DEATH	10210
County monggowery	Registration Dist. No. 216
Village or City Bethesda	No. Wileon Lave St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME In faut morres	on
(a) Residence: Np. Dillon Laul Belker	LOST. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Surgle	21. DATE OF DEATH (Month) (Dev) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of	20 LUEDEDV CERTIEV VIII VIII
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) act 18 1933	I last sew have alive on 1933; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, etm.
2 days 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8 Trade profession or particular	Verebra Alusrhage:
SAWYER, BDDKKEEPER, etc	not know if due to birth injury
9. Industry or business in which work was done, es SILK MILL,	to the sings
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Bethesby	Other Contributory Causes of Importance:
(State or country) havy taut	
13. NAME Leonard morrison	
14. BIRTHPLACE (city or town) Thambank	Name of operation Dete of
(State of County)	Whet test confirmed diagnosis? Was there en eutopsy? 20
15. MAIDEN NAME Clara Tenshaw	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Clara Pershaw 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Kockeville, Mili Dete Olf 22, 1933	Nature of injury
19. UNDERTAKER Of P Jumpourey (Address) Pockeville, mk	24. Wes disease or Injury In eny wey related to occupetion of deceased?
20. FILED Oct 21, 1933 B. C. Perry M. W. Registrar.	(Signed) 3. C. Perrif M. D. (Address) Bethe da nie,

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
of CC CC	County Groningomern	Registration Dist. N
item of should of OCC	Village or City Hyalth low	No.
t S ii	Length of residence in city or town where death occurred & yrs	death occurred in a hospital or institution, give its NAME instead
CORD. Every PHYSICIANS oct statement	2. FULL NAME Granion bolark In	unhan
SIC) ater	(a) Residence: No.	St., Ward.
ORD. HYSI t stat	(Usual place of abode)	If nonresident give cit
RECO. P.I. P.I. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
T R	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct
NG TI	5a. If merried, widowed, or divorced	(Month) (E
BINDIN FERMANI EXACY y classificte.	(or) WIFE of Jugues of Justifier	22. Oct 14th 1933 to
SIN ER EX el	6. DATE OF BIRTH (month, day, and year) 12-17-1993	I last sew her elive on Oct 16th
R B B G B G B B B B B B B B B B B B B B	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 10.30 Pm
FOR B IS A PE stated E properly certificate	39 9 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Imwere as follows:
- 70	8. Trade, profession, or particular	were as follows:
ED HIS	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Memie Convutero
RVI CT COULD may back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Mence Convicted
S. S	U 10 Date deceased last worked et this occupetion (month and spent in this	
RES I VG I AGE that	year) occupation	Other Contributory Copses of importance:
F-1 1 _ 1m	12. BIRTHPLACE (city or town) (State or country)	Ekilekiy
MARGIN RI UNFADING supplied. AGI n terms, so that ee instructions	C 13. NAME Herry J. Woods	
	II	
M. In U. y sul ain t	14. BIRTHPLACE (city or fown)	What test confirmed diagnosis? Usualyere
	15. MAIDEN NAME CHARAM A H. Mahina	23. If death was due to external causes (VIOLENCE) fill in also
INLY, W be careful EATH in p important.	15. MAIDEN NAME Many A. Deferme	Accident, sulcide, or homicide? Date of
NLY, ee ca ATH	16. BIRTHPLACE (city or town) State or country)	Where did injury occur?
	17. INFORMANT JUNA, JUNAS, JANES, A. Hord.	(Specify city or town, of Specify whether injury occurred in INDUSTRY, in HOME, or
S PLA Should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
三 三 田 福	Place tyattatown Date UC 18 1933	Nature of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER DV. Burdette & Town	24. Was disease or injury in any way related to occupation of
B. R.	(Address) Hamble fown and	If so, specify Smut P
vi _	20. FILED Qat 17, 1933 / 6. Laves	(Signed)

SIAIL	אותוניו וכ	ILAND	CERTIFICATE OF BEATTI	10277
EATH	X		(130)	4
Lion	MINN	ern	Registration Dist. No.	7-//
Hya	eth for	wo fl	No. St f death occurred in a horpital or institution, give its NAME instead of street	.,Ward
in city or town where	death occurred	yrsmos		
Inario	n lels	ark In	usphy.	
ło	— (Usual place	of abode)	St., Ward. If nonresident give city or tow	n and State
AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н
COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Oct 16	, 193 3
r divorced	1 2		(Month) (Day)	(Year)
ualne.	of Chris	shon	22. Oct 14th 1833 to CERTIFY That I atte	haded deceased from
h, day, and year)	2-17-1	493	I last sew her elive on Oct, 16th ,19	33; deeth is said
Months	Days	If LESS than	to have occurred on the date stated above, et 10.30 Pm.	
9	29	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
or particuler ione, as SPINNER,	Laures	See ha	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Went nephrotics	Date of one of
KKEEPER, etc	et ki beteken fir	as part	Themic Convulsions	3/1/2
e, as SILK MILL, NK, etc			produce d'arabetra	3 days
st worked et n (month and	Spe	time (years) ent in this upation		7
lown)	m	. 4	Other Contributory Capses of importance:	18 gra
Snon	Manne	100		ago
my y.	Woo.	All		0
or town)try)	design	h ho.	Name of operation Date What test confirmed diegnosis? Usualyze Was ther	e of Ma
marn	A. H.	phin	23. If death was due to external causes (VIOLENCE) fill in also the fol	The state of the s
or town)			Accident, sulcide, or homicide? Date of injury	, 19
olry)	ward	100.	Where did injury occur?	16
ra, Sua.	m A.	Wind.	(Specify city or lown, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	ic PLACE.
OR REMOVAL	10	Y	Manner of injury	
Madawas	Date We	1/8 1933	Nature of Injury	
101/9	madest	E & Ton	24. Was disease or injury in any way related to occupation of decease	d? No
Hymithe	low	Smd.	If so, specify	4
7,1933 7	m E Lei	veo Registrar.	(Signed) Cruck of Carlot (Address) Melw Market	md. M. D.
	700	Contrar,	(1001000)	

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Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

(Address)

infor-

item of

(31)			
	Registrat	ion Dist. No	214
No 51 Para	000 TO	7 /	
death occurred in a hospital or institu	ution, give its N	AME instead of a	St., Ward
			ds.
holson			
St., Ward.	If nonresi	dent give city or 1	own and State
MEDICAL C	ERTIFICA	TE OF DE	ATH
21. DATE OF DEATH,	0		
Oct	(Month)	(Day)	, 193 3 (Yeer)
22. I HEREB	V C = D =	TEM That I	
a. Oct. 6	YCERT	F Y . Inat	attended deceased from
	0 1		19.53
I last saw here alive on		125-0	19_3 deeth is sald
to have occurred on the date stat		0m.	
The PRINCIPAL CAUSE OF DEA were as follows:	TH and releted	causes of Importe	Dats of onest
700000000000000000000000000000000000000			Date of office
Uremia			Selet 21
			1933
Mirania	1106	witin	Ques,
	- wage	12.342.01.52.	20 un
DAL C			20.40
Other Contributory Causes of Imp	ortence:		V
Mitral	tono	1 1	7
	CINNIAY.Y.	129	
Name of operation			
Whet test confirmed diegnosis?			
23. If death wes due to external ca			
Accident, suicide, or homicide?		Date of injur	/, 19
Where did injury occur?	76 4 .		
Specify whether Injury occurred I	n INDUSTRY, in	y or town, county n HDME, or In PU	BLIC PLACE.
Manage of telescope			
,			
Neture of injury			4
24. Wes disease or injury in any v	vey related to or	ccupetion of dece	esed? JAn

If so, specify

(Address) 20 W.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
· P		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	PLACE OF DEATH	
	County Monty - mil	
	men 1	
Vil	llage or City Brokersh (No.	
	2FULL NAME John Joeob Nohan	-
	PERSONAL AND STATISTICAL PARTICULARS	
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16
-	OR DIVORCED (Write the word)	
6 1	DATE OF BIRTH	17
	(Month) (Day) (Year) AGE (Month) (Day) (Year)	tha
7 /		and
	yrs. 23 ds. ornin.?	Th
80	OCCUPATION a) Trade, profession or	
	a) Trade, profession or war defined articular kind of work	
J.b	b) General nature of industry ousiness, or establishment in which employed or (employer)	*****
9 8	(State or country) Brokensh mu	
-	10 NAME OF John Jacob Voland	(Sig
ENTS	11 BIRTHPLACE OF FATHER (State or country) Mouly 2 Co man	0
REP	12 MAIDEN NAME	
PA	OF MOTHER Elizabeth Hornday	18
	13 BIRTHPLACE OF MOTHER (State or Country) Months = 2nd	At of e
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Wh if i
	(Informant) Elizabeth Harriday	For usu 19
,	(Address) Brookeville. Tusk	-
15	Filed Oct 11 19133 Coamaley	20°

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give Its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 192 1. to CC1 70 . 1925. it I last saw harmalive on Oc d that death occurred on the date stated above, at 4-10. CAUSE OF DEATH * was as follows: Contributory Secondary 1923 (Address) / *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State.....yre....mos... not at place of dea h?...... al residence DATE OF BURIAL BURIAL OR REMOVAL

If more b.anks are needed, addre tate Kegistrar, 16 W. Saratoga St., Balto., Requisting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Civil engineer, whatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) The ques-Grocery;

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilwria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi cough; Chronic Example: Measles (disease "Senile," etc.), "Dropsy, etc. valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF 1	MARYLAND-	CERTIFICATE	OI DEA	10	OCA
County Moulaoner	1	(131)	Registration D	liet No 7/	2011
Village or City Dannals	110	No.	Registration D	ist. NooZ.f_4	Was
Village of City 10 4 2 2 Carried	(1)	death occurred in a hospital or instit	ution, give its NAME	instead of street and	number)
Length of residence in city or town where death oc	curred 4 9 yrs mos	ds. How long in U.S. if	of foreign birth?	yrsn	nos
2. FULL NAME MARNER TIS	anselin Jo	ole			
(a) Residence: No. Damar	seus md	St., Ward.			
	Usual place of abode)			ive city or town an	d State
PERSONAL AND STATISTICAL			ERTIFICATE	OF DEATH	
SEX 4. COLOR OR RACE 5. SIN OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	Oct.	4	., 1983
a. If married, widowed, or divorced	2000		(Month)	(Day)	(Year)
HUSBAND of Evalue	Loole-	Sept. Z4	Y CERTIFY	That I attended	deceased for
DATE OF BIRTH (month, day, and year)	18, 1842	I last saw h alive on	Det. 4	, 193	; death is s
AGE Years Months	Days If LESS than	to have occurred on the date state	ed above, at 4	m.	
91 7 1	6 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEA	TH end related causes	s of importance	1
8. Trade, profession, or particular kind of work done, as SPINNER, Letin SAWYER, BOOKKEEPER, etc	ed Farmer	Obrome /	nterslike	el ne-	Date of on
9. Industry or business in which		panna			
work was done, as SILK MILL, SAW MILL, BANK, etc			***************		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 9/3 year)	11. Total time (years) spant in this occupation 70 926				
2. BIRTHPLACE (city or town) Nr. Puns	dung	Other Contributory Causes of imp	nargest	ion b	all. 2
(State or country)	eryland			~~~~~~~~~~~	1
13. NAME Treenbury	Hole				
14. BIRTHPLACE (city or town) no Dans	raveux	Name of operation		Date of	
(State of country)	na.	What test confirmed diagnosis?		Was there an	au opsy
15. MAIDEN NAME MARY 13 C.	all.	23. If death was due to externel ca	uses (VIOLENCE) fill	in also the followin	ng:
16. BIRTHPLACE (city or town) the Dans	eseus	Accident, suicide, or homicide?	D	ate of injury	, 19
(State or country)	ma.	Where did injury occur?	(Specify city or to	own, county and Sta	ue)
7. INFORMANT AND Plewton (Address) Damasel	is mid	Specify whether Injury occurred	in INDUSTRY, in HOM	IE, or in PUBLIC PI	LACE.
B. BURIAL, CREMATION, OR REMOVAL	6-1.	Manner of injury			
Place Dumesellia, Md. Date	Wer. 6 ,1933	Nature of injury			
9. UNDERTAKER + 13. 18 ea	ll Inc.	24. Was disease or injury in any	wey related to occupat	ion of deceased?_	no
0. FILED Oct 6, 1933 Della	W. Burdelle Deht Registrar.	(Signed)	m. 18	Boyer -	and "

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1101 7 1923			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

1. PLACE	OF DEAT	ГН			952	
County_	Hont	tgCo			Registration Dist. No.	218
		shingto	() (If	No. St., i death occurred in a hospital or institution, give its NAME instead of street a ds. How long in U.S. if of foreign birth? yrs.	nd number)
					gs. now long in 0.5. It of foreign birth?yrsyrs.	mosas.
			Raymoi			
(a) Res	idence: No	lash	ington (Usual place	Grove lid	St., Ward. If nonresident give city or town	and State
PERS	ONAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SEX		R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Oct 5th	. 193
5a. If married, w		i t.e	Widow		(Month) (Day)	(Year)
HUSBANO (or) WIFE	of		George	Raymond	22. OF HEREBY CERTIFY, That I attended to the state of th	ded deceased from
6. DATE OF BIR	TH (month, day	v. and vaar)	Ny aug	18th,/842	A .	33.; death is said
7. AGE 1842	Years 9 I	Months	Days	If LESS than 1 day,hrs.	to have-occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
9 Industry work SAW 10. Date de this	rofassion, or pa of work dona, YYER, BOOKKEE or business or was dona, as S MILL, BANK, a ceased last wor occupation (moo	as SPINNER, PER, etc which SILK MILL, atc kad at nth and	spe	rk ime (years) nt in this upation	Dente Cardin Arlitation	1.0:4-33
12. BIRTHPLAC	E (city or town)	Ne	w York		Other Contributory Causes of importance:	
	Jos	iah C	Hought	on	Tryputentron	1927
H 14. BIRTHPI	LACE (city or to ta or country)	wn)			Name of operation Oate (What test confirmed diagnosis? Was there	
15. MAIDEN	NAME	7400 3	10000		23. If death was due to external causes (VIOLENCE) fill in also the follow	
	LACE (city or to ta or country)	wn)		***************************************	Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and	State)
17. INFORMANT (Addrass	The same and	c.H.Ca		rove Md	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC	PLACE.
18. BURIAL, CRE	mation, or R Glenwo Washi	ngton I	tary O	ct 9th 33	Manner of injury	
19. UNDERTAKE (Addrass			Gartner	. d /	24. Was disease or injury In any way related to occupation of deceased? If so, specify	
20. FILED	of: 6 ,	193.3. al	rendal	I Cooke Registrar.	(Signad) Januarhant (Address) Januarhant	m.o.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

13

STATE OF MARYLAND	-CERTIFICATE OF DEATH 10282
1. PLACE OF DEATH	(3)
County Mmlgang	Registration Dist. No. 2
	St., Wal
Length of residence in city of town where death occurredyrsm	os.V Z ds How long in U.S. if of foreign blrth?yrsmos
2. FULL NAME John Palling	
(a) Residence: No. Selver (Usual place of abode)	SV, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) M M 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 0 2 2 , 193 3 . (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of Julea Rollins.	22. HEREBY CERTIFY, Thet, I attended deceased from 1933, to 10/22/ 1933
6. DATE OF BIRTH (month, day, and yeer) 3/4//889	I last/saw h 22 alive on 10/22/ 1932; deeth Is sa
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, et 7.
44 7 18 · 1 day,hi	S- The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: Oate of one
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	trama 1919/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked at this occupation (month end	
10. Oate decessed last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stete or country)	- blunce Interstile Q 1/10/3
13. NAME John Kallnis	naphritis 1/
14. BIRTHPLACE (city or town)	Name of operation Dete of
(Stete of County)	What test confirmed diagnosis? Trate Wes there an au'opsy?
15. MAIDEN NAME Maggie Schorffer	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
2 0 0 · (N) 00 ·	(Specify city or town, county and State)
17. INFORMANT Mr Alley VIII Address)	Specify whether injury occurred In INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place Devilinant destypate Oct, 25, 1933	Neture of Injury
19. UNOERTAKER Warner & Sing they (Address) Rockielle Mart.	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED Oct 25-, 1933 Cas 93 analy Registrar.	(Signed) Sandy Sfa June M

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Cereoral nemorrhage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

V. S. No. 1

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Example I	- 1	Example II	7.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1.

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item

OCCUPA-

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	10400
County Montgomens Count	Registration Dist. No. 223
Village or City Joseph a Pagle	Mollashington Santanigus + Howa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	s2ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Mr. Joseph Stev	sark
(a) Residence: No. 370 Blacks Ove.	St., Ward, Claron down Da
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male write married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(131)
(or) WIFE of James Stewart	22. I HEREBY CERTIFY That I attended deceased from
C DATE OF DIPTH (TOTAL)	0.40
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7
79 3 29 1 day, hrs.	
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Hodustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
9. Adustry or business in which	Rot Aneimoula
work was done, as SILK MILL, SAW MILL, BANK, etc.	ewigh, a
	MARIA SOLOMON
year) occupation O	on continue
12. BIRTHPLACE (city of town) Inland	Other Coutributory Causes of importance:
(State or country)	Pu Sincles
# 13. NAME John Stewart	Penonesions, on corrival sifed way of
14. BIRTHPLACE (city or town) Ireland	Name of operation few (Propurs Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME NOV kyon	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mak known	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT & ospital Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Takomas Varks.	
18. BURIAL, CREMATION OR REMOVAL COMMON STATEMENT OF THE PROPERTY OF THE PROPE	Manner of Injury
Place Thought Date Ct. 11., 19.33	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased? Y.O.
(Address) Oldarendon He-	If so, specify
20 FILED Oct 11 19 33 NO. E. Prairie	(Signed) NT. Nest M.D.
Registrar	(Address) Vakerus Park 10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	the state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V	Exact	PLACE OF DEATH County Municipality	STATE OF MARYLAND CERTIFICATE OF DEATH
SCORD	EXACTLY, Piy classified.	Village or City Talcuna Park No. 300 John 2FULL NAME Mary Eller	Registration Dist. No. 214 Ward) A flewart Registration Dist. No. 214 (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
- X	per	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENI	d be sta y be pro ack of o	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (2 / , 1933
R BIND	E shoul	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Occ. 3 / 1931 to Occ. 2 / 1933 that I last saw here alive on Occ. 20 , 1933
ID FOR	piled. AC	7 AGE If LESS than I day hrs. or min.?	
G INKTI of INKTI of of the plan terriant. See It		(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Indefinite (Duration) - yre - mos de
RGIN	d be car DEATH 'y impor	9 BIRTHPLACE (State or country) M X	Contributory Secondary (Durstion) mosde
MA VITH UI	n should ISE CF	FATHER Mullos Beanners. II BIRTHPLACE OF FATHER Z (State or country) C (State or country)	(Signed)
INLY	formatio	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 14 DIRTHPLACE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
E PLA	n of in rould s	OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRIT	Every iter CIANS sh statemen	(Address) 360 Himself au.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL - Wallington DE. Od 21, 1932
No. 1		Filed Ch 21 1923 F. Dudling Registres	20 UNDERTAKER, ADDRESS 1432 yww
>/	E	If more hanks are needed, address State Registrar	r. 16 V. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever write None. tired 6 yrs). business. that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman, (b) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEA IN A UNING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Byonchopneumonia ("Pneumonia,")

telonus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Meosles (disease approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepers carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by roilway traintaken. For violent deaths state means of injuly (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory affection need valvular Nomenclature of the heart not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	County. Village	C	ermant	own	Md	
			city or town wh			
2		NAME idence: No.	George Ger	mant	Swan OWN (Usual place	ii.U
	PERS		ND STATI	STICA		
3. S	male	4. COL	or or race	5. 5	R DIVORCE	RIED,
5a.	If married, w HUSBAND (or) WIFE	vidowad, or di of	vorced ry Sw	ann		
6 [lay, and year)	Dec	7th	
7. A		Yaars 70	Months		Days 28	l da
OCCUPATION	9. Industry World	y or business k was dona, a: V MILL, BANK	a, as SPINNER, EEPER, etc in which sSILK MILL, , atc			bo
ŏ	this year	occupation (m	orked et li	fe	sper occu	nt in th
12.	BIRTHPLAC (State or	E (city or town	n)llar	ylar	ıd	
[13. NAME	Johr	Swar	n		
띮		LACE (city or	town)	ld		
FATHER						1-00
~		te or country)		Swar	nn (Ur	IKII
MOTHER FATHER	(Sta 15. MAIDEN 16. BIRTHP	te or country)	mary town)hic		nn (Ur	
MOTHER	(Sta 15. MAIDEN 16. BIRTHP (Sta INFORMANT	LACE (city or the or country) LACE (city or the or country)	mary town) Mc	1		id
MOTHER.	(Sta 15. MAIDEN 16. BIRTHPI (Sta INFORMANT (Address BURIAL, CRE	LACE (city or the or country) Mary MARY MATION, OR	Mary town) Mc	ntwoi	11	ād-

		(20)	
vn Md		Registration Dist. No. 218	-
VII MA		NoSt.,Ward	d
double assured 4	() 26	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.	
E. Swani		ssds. How long in U.S. If of foreign birth?yrs,mosds	5-
ntown	a.d		
(Usual place	of abada)	St., Ward. If nonresident give city or town and State	_
ICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	-
5. SINGLE, MARI		21. DATE OF DEATH	-
OR DIVORCED	write the word)	Oct .5th ,193 33	* 10
'		(Month) (Day) (Year)	
nn		22. I HEREBY CERTIFY That attanded deceased from	m
V) 17/1-1-	1862	19.00 to 19.00 19.00	-
Dec 7th		I last saw I	d
Days 28	If LESS than 1 day,hrs.		
20	ormin,	were es follows:	ŧ
Farm La	borer	Court of the	-
4.664.832		110	×
		7 Oc	-
e 11. Total ti	ma (yaars) it in this	100	7
occu	pation	Other Contributory Causes of importance:	-
land			
		Name of operation	
wann / In	known)	What test confirmed diagnosis? Was there an autopsy?	-
wann (Un	IKIIO WIII)	23. II daath was due to axternal causes (VIOLENCE) fill in also the Iollowing:	
		Accident, suicida, or homicide?	t de
		Where did injury occur? (Specify city or town, county and State)	-
won	fd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
		Manage of Jahran	-
Date Oct	8th 33	Menner of Injury	
			-
Gartner	-::d	24. Was disease or Injury in any way/related to occupation of decased?	-
V a. 8 1	2010	(Signed)	B
sugar	J. Cookey Registrar.	(Addrass) / all will f	0
			ZX

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balemore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10288
1. PLACE OF DEATH	82:20
County Moulgomery	Registration Dist. No. 🔾
Village or City Olivay, Oms.	ONG. Moule Co. Leccenal Harist, Tal Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cify or fown where deeph occurredyrs,m	os. How long in U.S.If of foreign birth?yrsmos,ds.
2. FULL NAME Thomas Daylor	
(a) Residence: No. Barnsville Mic (Usual place of abode)	L St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH October 3 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Nettiee Daylor (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from September 29, 1933, 10 October 3, 1933
S DATE OF RIPTH (month day and year) (182: 12 1875	- $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$
6. DATE OF BIRTII (month, day, and year) (speed d, 10) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, at 12:25 Rm.
57 6 0 1 day,hr.	
8. Trede, profession, or particular kind of work done, es SPINNER, Returned Farmer SAWYER, BODKKEFFER, etc	L'Carabral Homor
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	147/2
10. Date deceased lasf worked of this occupation (month end year) spent in this occupation corupation	
	Other Contributory Causes of imporfance:
12. BIRTHPLACE (city or town) (State or country)	Tanal allen
13. NAME Robert of Daylow	felerois.
13. NAME (Rabert J. Daylor) 14. BIRTHPLACE (cify or town)	Name of operation 2007 Date of
(State of country) Orequied	What test confirmed diagnosis?
15. MAIDEN NAME Elukudeen	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (cify or fown)(Stafe or country)	Accident, suicide, or homicide? Dafe of injury 19
1 (State of Country)	(Specify city or town, county and State)
17. INFORMANT Harpital records. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lickerson Md Date Oct 5. 193.	Manner of injury 2002
19. UNDERTAKER Roy W. Barber (Address) Rate to spille and	24. Was diseaso or injury in any way related to occupation of deceesed?
20. FILED Och \$ 1933 C, S. Barnola Registrar.	(Signed) No Beach M. D. (Address) Sandy Sto
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOV 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	289
1	. PLACE OF DEATH	(92:0)	00
	County Moutgomery	Registration Dist. No. 2/	4
	Village or City Kausington	No. 43 St. Paul St. St.	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and n	
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2	FULL NAME Mary M. Wheatle	4	
	(a) Residence: No. 43 St. Paul St.	St., Ward.	
articles.	(Usual place of abode)	If nonresident give eity or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, 3	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Scholer (Month) (Day)	193_3
5a	If married, widowed, or divorced	(month) (Day)	(1501)
	(or) WIFE of Edward E. Wheatley	22. Jeb 22 1933, to October 1	leceased from
6. 1	DATE OF BIRTH (month, day, and year) Jugust 16, 1855	I last saw held alive on October 10, 1933	; death is said
7. /	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1013 Pcm.	
	78 1 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
7	8. Trade, profession, or particular		Date of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. **None - ** **None - **	Auricular librillation	1 mo
PAT	9. Industry or business in which		
CU	work was done, as SILK MILL, SAW MILL, BANK, etc	Mitral stompsis	15-20
8	10. Date deceased last worked at this occupation (month and spent in this		years.
	year) occupation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) Acongetown (State or country) District of Columbia		
8	13. NAME JOHN MARIE ARAN		
FATHER	Jour Wanger	N	
FA	14. BIRTHPLACE (city/or town)	Name of operation Date of	
2	15. MAIDEN NAME GOAMMATTE, Shinday	What test confirmed diagnosis? Was there an a	
MOTHER	Jan Marie	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MO	16. BIRTHPLACE (city by town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
	Mark of the Sun Trans	Where did injury occur? (Specify city or town, county and State)
17.	(Address) 43 St. Paul St. Kensington	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place are Date Oct 14, 1933	Nature of injury	
19.	UNDERTAKER DAN Jewish Tumpohity (Address)	24. Was disease or Injury in any way related to occupation of deceased?	Tro
		If so, specify	
20.	FILED Oct. 12, 1933 Margaret C. Tremlarne Registrar.	(Signed) Attlarine U. Clightia (Address) 20 W. Balta St. Rusin	igton

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			[mengal]

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PLACE OF DEATH		93-2	
	County montgome	1	Registration Dist. No. 2	18
	Village or City Washan	glow Trom	NoSt.,	War
	Length of residence in city or town where	death occurred vrs.	(If death occurred in a hospital or institution, give its NAME instead of street and mos	
2	FULL NAME JORES	h T. W	utes	
_	(a) Residence: No. Washing	11. 9	St., Ward.	
	(a) residence. No. 22 garage	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S	14. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10 - 154 - (Month) (Day)	, 193 (Year)
ia.	of married, widowed, or divorced HUSBAND of (or) WIFE of	lie White	22. I HEREBY CERTIFY, That I attended	deceased fro
e D	ATE OF BIRTH (month, day, and year)	ht 24-1864		· death is sa
7. A		Days If LESS than	to have occurred on the date stated above, et 2 P. m.	, 404(1114)4
	69 -	2.0 1 day,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
	8. Trade, profession, or particular kind of work done, es SPINNER,	0 1/		Data of ons
2	SAWYER, BOOKKEEPER, etc	Retird of orms	anema	193
OCCUPATION	Thoustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tarmer	Projocarday manspeciency	July.
3	1Q. Date deceased last worked et this occupation (month end	11. Total time (years) spent in this occupation 50	Cystilia	193
1		occupation S. O.	Other Contributory Causes of Importance:	
12.	(State or country)	A A		
ER.	13. NAME Thomas +	+ White		
FATHER	14. BIRTHPLACE (city or town) That	land	Name of operation Date of	
- 1	(State or country)	10.16	What test confirmed diagnosis? Was there an a	utopsy?
빞	15. MAIDEN NAME mary	llen foll	23. If death was due to external causes (VIOLENCE) fill in also the following	:
MOTHER	16. BIRTHPLACE (city or town)	yland	Accident, sulcide, or homicide? Date of injury	, 19
- 1	(State or country)	111-6	Where did injury occur? (Specify city or town, county and State	e)
17.	NFORMANT GAddress) Faither	White	Specify whether injury occurred In INDUSTRY, in HOME, or in PÜBLIC PLA	ACE.
18.	BURIAL, CREMATION, OR REMOVAL	metof +1	Manner of injury	
	Place Leollsville	100te (1020), 19.3	Nature of injury	
9.	UNDERTAKER ROY W. S. (Address)	arlen	24. Was disease or injury in any way related to occupation of deceased?	7
	(Address) 7/12/1/1/	sking on	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN